



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID MEMO

TO: All Providers and all Managed Care Organizations (MCOs)
Participating in the Virginia Medical Assistance Programs

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services (DMAS)

MEMO Special
DATE 6/10/2005

SUBJECT: Annual Review of Phases II and III of the Virginia Medicaid Preferred
Drug List (PDL) Program, Review of New Drugs, Dispensing Fee for
Generic Drugs, and PDL Quicklist – Effective July 1, 2005

The purpose of this memorandum is to inform you of the annual review of Phases II and III of Virginia Medicaid's Preferred Drug List (PDL) Program effective July 1, 2005. As you are aware, the PDL is a list of preferred drugs by therapeutic class for which the Medicaid program will allow payment without requiring Prior Authorization (PA). In the designated classes, drug products classified as non-preferred will be subject to PA. Because there are provisions for a 72-hour supply of necessary medications, this initiative will not cause an individual to be without an appropriate drug therapy.

The PDL is effective for the Medicaid, MEDALLION, and FAMIS Plus fee-for-service populations. The PDL **does not** apply to patients enrolled in a Managed Care Organization (MCO) or FAMIS enrollees. DMAS implemented the PDL program to provide clinically effective and safe drugs to its clients at the best available price. Your continued assistance with this program is critical to its success.

The Pharmacy and Therapeutics (P&T) Committee recently conducted its annual review of 18 therapeutic drug classes in Phases II and III, along with some new drugs in previously reviewed drug classes, and minimal changes were made. An updated list of the preferred drugs within each of the classes is attached with this memo.

Based on this review, the additions and changes to the PDL are as follows:

ADDITIONS AND CHANGES TO PREFERRED STATUS

- **Fosamax[®] and Fosamax[®] Solution** (Bisphosphonates for Osteoporosis)
- **Ciprofloxacin** (Second Generation Quinolones)
- **Metoprolol HCT** (Beta Blocker)
- **Felodipine** (Calcium Channel Blockers)
- **Fosamax[®] plus D** (Bisphosphonates for Osteoporosis)

ADDITIONS AND CHANGES TO NON-PREFERRED STATUS

- **Cipro and Cipro XR** (Second Generation Quinolones)
- **Mobic[®]** (Non-Steroidal Anti-Inflammatory Drugs – NSAID)
- **Clarinx[®] Syrup and Clarinx[®] Reditab** (Second Generation Antihistamines)
- **Quinapril** (Ace Inhibitors)
- **Somnote[®]** (Sedative Hypnotic Non-Barbiturates)
- **Itraconazole** (Onychomycosis Antifungals)
- **Lunesta[®]** (Sedative Hypnotics)
- **Boniva[®]** (Bisphosphonates for Osteoporosis)
- **Prevacid NapraPAC[®]** (Analgesic- NSAIDs)

To access the complete list of pharmaceutical products included on the Virginia PDL, please visit <http://www.dmas.virginia.gov/pharm-home.htm> or <http://virginia.fhsc.com>.

PRIOR AUTHORIZATION (PA) PROCESS

A message indicating that a drug requires a PA will be displayed at Point of Sale (POS) when a Non-Preferred drug is dispensed. Pharmacists should contact the patient's provider requesting them to initiate the PA process. Prescribers can initiate PA requests by letter, by faxing the attached form to 800-932-6651, or by contacting the First Health Services Clinical Call Center at **800-932-6648** (available 24 hours a day, seven days a week). Faxed and mailed PA requests will be responded to within 24 hours of receipt. PA requests can be mailed to:

First Health Services Corporation
4300 Cox Road
Glen Allen, VA 23060
ATTN: MAP Department/VA Medicaid

Fax: 800-932-6651
Phone: 800-932-6648

A copy of the PA form is attached and is also available at <http://www.dmas.virginia.gov/pharm-home.htm> or at <http://virginia.fhsc.com>. The PDL criteria for PA purposes are also available on

both websites. Additional information and Provider Manual updates will be posted as necessary. Comments regarding this program may be emailed to the P&T Committee at pdlinput@dmas.virginia.gov.

PREFERRED DRUG LIST (PDL) – 72-HOUR-SUPPLY PROCESSING POLICY

The PDL Program provides a process where the pharmacist may dispense a 72-hour supply of a Non-Preferred, prescribed medication if the physician is not available to consult with the pharmacist (after hours, on weekends, or during holidays), AND the pharmacist, in his professional judgment consistent with current standards of practice, feels that the patient's health would be compromised without the benefit of the drug. The 72-hour supply will require a phone call by the pharmacy provider to First Health Services Corporation (FHSC) at **800-932-6648** for processing.

The patient will be charged a co-payment applicable for this 72-hour supply (partial fill). However, a co-payment will not be charged for the completion fill. The prescription must be processed as a "partial" and "completion" fill.

For unit-of-use drugs (i.e. inhalers, drops, etc.), the entire unit should be dispensed and appropriate action taken to prevent similar situations in the future.

PREFERRED DRUG LIST (PDL) – 72-HOUR-SUPPLY DISPENSING FEE PROCESS

Pharmacy providers are entitled to an additional \$3.75 (brand name drugs) or \$4.00 (generic drugs) dispensing fee when filling the completion of a 72-hour-supply prescription for a Non-Preferred drug. To receive the additional dispensing fee, the pharmacist must submit the 72-hour supply as a partial fill and, when submitting the claim for the completion fill, enter "03" in the "Level of Service" (data element 418-DI) field. The additional dispensing fee is ONLY available (one time per prescription) to the pharmacist after dispensing the completion fill of a Non-Preferred drug when a partial (72-hour supply) prescription was previously filled.

Any questions regarding the PDL process can be referred to First Health Services Corporation (FHSC) at **800-932-6648**.

PERSONAL DIGITAL ASSISTANT (PDA) DOWNLOAD FOR PDL QUICKLIST

There are two ways to download the PDL list for PDA users. On the DMAS website (www.dmas.virginia.gov), there is a link that enables providers to download the PDL Quicklist to their PDAs. To access this link, please click on "Pharmacy," then "Pharmacy Initiatives," then "PDL Quicklist PDA Format." This page will have complete directions for the download and HotSync operations. If you are an ePocrates® user, you may also access Virginia Medicaid's PDL through the ePocrates® formulary link at www.epocrates.com. ePocrates® is a leading drug information software for handheld computers (PDAs) and desktop computers. A large number of healthcare providers use this software in their daily practice. For more information and product registration, please visit their website at www.epocrates.com.

To download the Virginia Medicaid PDL to your PDA, please follow these steps:

1. Ensure that you have a version of ePocrates Rx® installed on your PDA.
2. Connect to the Internet and go to www.epocrates.com.
3. Click the "Add Formularies" link at the top of the page.
4. Log in to the website using your user name and password.
5. Select "Virginia" from the "Select State" menu.
6. Select "Virginia Medicaid-PDL" under "Available Formularies."
7. Click on "Add to My List" and then click on "Done."
8. Auto Update your PDA to install the "Virginia Medicaid-PDL" to your PDA.

DISPENSING FEE FOR GENERIC DRUGS

As required by the *2004 Appropriations Act*, effective July 1, 2005, the dispensing fee for generic drug products will be \$4.00. This increase from the current dispensing fee (\$3.75) will be applied to all pharmacy claims with dates of service on or after July 1, 2005. The dispensing fee for brand name drugs will remain the same (\$3.75). Providers may contact the DMAS HELPLINE with questions regarding this change in dispensing fee at 1-804-786-6273 (Richmond area and out-of-state long distance) or 1-800-552-8627 (all other areas and in-state, toll-free long distance).

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option to access information regarding Medicaid and FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification information. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 800-884-9730 or 800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov (*please note the new DMAS website address*). Refer to the Provider Column to find Medicaid and SLH Provider Manuals or click on "Medicaid Memos to Providers" to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order these by contacting Commonwealth-Martin at 804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program

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information with providers. Covered topics will include upcoming changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-provider_newsletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.

Attached Number of Pages: (5)



* Indicates a generic is available
without prior authorization

Effective July 1, 2005

First Health Clinical Call Center
1-800-932-6648
Fax 1-800-932-6651

Bolded Drugs do not require prior authorization, except where special conditions are noted.

ANALGESICS

NON-STEROIDAL ANTI- INFLAMMATORY DRUGS

Diclofenac (Potassium and Sodium)
Diflunisal
Etodolac
Fenoprofen
Flurbiprofen
Ibuprofen
Indomethacin (Capsule, SA)
Ketoprofen (Capsule, ER)
Ketorolac
Meclofenamate Sodium
Nabumetone
Naproxen
Naproxen Sodium
Oxaprozin
Piroxicam
Sulindac
Tolmetin Sodium

Requires Prior Authorization

Anaprox[®]* (tablet, DS)
Ansa[®]*
Arthrotec[®] (50[®], 75[®])
Cataflam[®]*
Clinoril[®]*
Daypro[®]*
Dolobid[®]*
Feldene[®]*
Indocin[®]*
Lodine[®]* (Tablet, XL)
Mobic[®]
Motrin[®]*
Nalfon[®]*
Naprelan[®]*
Naprosyn[®]*

Orudis[®]*
Oruvail[®]*
Ponstel[®]
Prevacid-NapraPAC[®]
Relafen[®]*
Tolectin DS[®]*
Toradol[®]*
Voltaren[®]* (Tablet, XR)

NON-STEROIDAL ANTI- INFLAMMATORY – COX II

INHIBITORS**

Celebrex[®]

Long-Acting Narcotics***

Clinical Prior Authorization required (see below)

Avinza[®]
Duragesic[®]
Morphine Sulfate tablets SA[®]
Oramorph SR[®]

Requires Prior Authorization

Fentanyl
Kadian[®]
MS Contin[®]*
Palladone[®]
Oxycontin[®]
Oxycodone Long Acting[®]

ORAL ANTIFUNGALS – ONYCHOMYCOSIS

Lamisil[®]

Requires Prior Authorization

Itraconazole
Sporanox[®]

CEPHALOSPORINS – 2ND GENERATION

Cefaclor (capsule, ER, Susp)
Ceftin[®] 125 mg (until generic available)
Ceftin[®] Suspension
Cefuroxime
Cefzil[®] (Tablets, Suspension)
Lorabid[®] (Tablets, Suspension)
Raniclor[®]

Requires Prior Authorization

Ceclor[®] (Tablet, CD)
Ceftin[®]*

CEPHALOSPORINS – 3RD GENERATION

Cedax[®] (Tablet, Suspension)
Omnicef[®] (Capsule, Suspension)
Spectracef[®]

Requires Prior Authorization

Cefpodoxime
Suprax[®] Suspension
Vantin[®] (Tablet, Suspension)

MACROLIDES

Biaxin[®] (Tablets, Susp, XL)
Erythrocin Stearate
Erythromycin Base
Erythromycin Ethylsuccinate
Erythromycin Estolate Suspension
Erythromycin Stearate
Erythromycin w/Sulfisoxazole
Zithromax[®] (Tablets, Suspension)

Requires Prior Authorization

Dynabac[®]
E.E.S.[®]*
Eryc[®]*

Eryped[®]*
Ery-Tab[®]*
PCE[®]*

QUINOLONES – 2ND GENERATION

Ciprofloxacin (Tablet, Suspension)
Ofloxacin

Requires Prior Authorization

Cipro[®]* (Tablet, Suspension, XR)
Floxin[®]*
Maxaquin[®]
Noroxin[®]

QUINOLONES – 3RD GENERATION

Avelox[®]
Avelox ABC Pack[®]

Requires Prior Authorization

Levaquin[®]
Tequin[®]
Zagam[®]

ASTHMA – ALLERGY

ANTI-HISTAMINES – 2ND GEN

Alavert[®]
Claritin[®] OTC
Loratadine D (12hr, 24hr) OTC
Loratadine (Syrup, Tablets, Tablet rapid) OTC

Requires Prior Authorization

Allegra[®]
Allegra D[®]
Clarinet[®] (Tablet, syrup, Redi-Tab)
Claritin[®]* (Tablet, Syrup, RediTab) RX
Claritin D[®]* (12 hour, 24 hour) Rx
Zyrtec[®] (Tablet, Tablet chew)
Zyrtec[®] Syrup (No PA req. for under age 2)
Zyrtec D[®]



Virginia Medicaid Preferred Drug List



* Indicates a generic is available
without prior authorization

Effective July 1, 2005

First Health Clinical Call Center
1-800-932-6648
Fax 1-800-932-6651

Bolded Drugs do not require prior authorization, except where special conditions are noted.

BETA ADRENERGICS- SHORT ACTING

Albuterol
Alupent[®] MDI
Combivent[®]
Maxair Autohaler[®]
Proventil[®] HFA
Ventolin[®] HFA

Requires Prior Authorization

Proventil[®]*
Ventolin[®]*
Albuterol HFA

BETA ADRENERGICS – LONG ACTING

Foradil[®]
Serevent Diskus[®]
Serevent[®]

BETA ADRENERGICS FOR NEBULIZERS

Accuneb[®]
Albuterol sulfate
Duoneb[®]
Metaproterenol
Xopenex[®]

Requires Prior Authorization

Proventil[®]*

BETA ADRENERGIC/ CORTICOSTEROID INHALER COMBINATIONS

Advair Diskus[®]

INHALED SYSTEMIC GLUCOCORTICIDS

AeroBid[®]

AeroBid M[®]
Azmacort[®]
Flovent HFA[®]
Pulmicort Respules[®]
QVAR[®]

Requires Prior Authorization

Flovent Rotadisk[®]
Pulmicort Turbuhaler[®]

LEUKOTRIENE INHIBITORS

Accolate[®]
Singulair[®]

NASAL STEROIDS

Flonase[®]
Flunisolide
Nasarel[®]

Requires Prior Authorization

Beconase AQ[®]
Nasacort[®]
Nasacort AQ[®]
Nasonex[®] (No PA req. for under age 4)
Rhinocort Aqua[®]
Tri-Nasal[®]

ACE INHIBITORS

Captopril
Captopril/HCTZ
Enalapril
Enalapril /HCTZ
Lisinopril
Lisinopril /HCTZ

Requires Prior Authorization

Accupril[®]
Accuretic[®]
Aceon[®]
Altace[®]
Benazepril

Capoten[®]*
Capozide[®]*
Fosinopril
Fosinopril/HCTZ
Lotensin[®]
Lotensin HCT[®]
Mavik[®]
Moexipril
Monopril[®]
Monopril HCT[®]
Prinivil[®]*
Prinzide[®]*
Quinapril
Quinapril/HCTZ
Uniretic[®]
Univasc[®]
Vaseretic[®]*
Vasotec[®]*
Zestoretic[®]*
Zestril[®]*

ACE INHIBITORS/ CALCIUM CHANNEL BLOCKERS

Lotrel[®]

Requires Prior Authorization

Lexxel[®]
Tarka[®]
Teczem[®]

ANGIOTENSIN RECEPTOR ANTAGONISTS

Benicar[®]
Benicar HCT[®]
Diovan[®]
Diovan HCT[®]
Micardis[®]
Micardis HCT[®]

Cozaar[®]
Hyzaar[®]

Requires Prior Authorization

Atacand[®]
Atacand HCT[®]
Avalide[®]
Avapro[®]
Teveten[®]
Teveten HCT[®]

BETA BLOCKERS

Acebutolol
Atenolol
Atenolol /Chlorthalidone
Betaxolol
Bisoprolol Fumarate
Bisoprolol/HCTZ
Coreg[®]
Labetalol
Metoprolol
Metoprolol/HCTZ
Nadolol
Pindolol
Propranolol
Propranolol/HCTZ
Sorine
Sotalol
Sotalol AF
Timolol

Requires Prior Authorization

Betapace[®]*
Betapace AF[®]*
Blocadren[®]*
Cartrol[®]
Corgard[®]*
Corzide[®]
Demser[®]
Inderal[®]*
Inderal LA[®]



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without prior authorization

Effective July 1, 2005

First Health Clinical Call Center
1-800-932-6648
Fax 1-800-932-6651

Bolded Drugs do not require prior authorization, except where special conditions are noted.

Inderide®*
Innopran XL®
Kerlone®*
Levator®
Lopressor®*
Lopressor HCT®
Sectral®*
Tenoretic®*
Tenormin®*
Timolide®
Toprol XL®
Trandate®*
Zebeta®*
Ziac®*

**CALCIUM CHANNEL
BLOCKERS -
DIHYDROPYRIDINE**

Afedintab CR®
Dynacirc®
Dynacirc CR®
Felodipine
Nicardipine
Nifediac CC®
Nifedical XL®
Nifedipine ER
Nifedipine – Immediate Release
Nifedipine SA
Norvasc®
Plendil®
Sular®

Requires Prior Authorization

Adalat CC®*
Cardene®* (Tablet, SR)
Procardia®* (Tablet, XL)

**CALCIUM CHANNEL
BLOCKERS - NON-
DIHYDROPYRIDINE**

Cartia XT®
Diltia XT®
Diltiazem (Tablets, Capsules, ER, SR)
Taztia XT®
Verapamil (Tablets, Capsules, ER, SR)

Requires Prior Authorization

Calan®* (Tablet, SR)
Cardizem®* (Tablet, LA, SR, CD)
Covera-HS®
Dilacor XR®*
Isoptin SR®*
Tiazac®*
Verelan®* (Tablet, PM)

LIPOTROPICS: STATINS

Advicor®
Altoprev®
Lescol® (Tablet, XL)
Lovastatin®
Pravachol®
Zocor®

Requires Prior Authorization

Caduet®
Crestor®
Lipitor®
Mevacor®*

**CNS STIMULANTS/ADHD
MEDICATIONS**

Adderall XR®
Amphetamine Salt Combo
Concerta®
Dextroamphetamine

Dextroamphetamine SR
Dextrostat®
Focalin®
Metadate® (CD, ER)
Methylin® (Tablets, ER)
Methylphenidate (Tablets, SR)
Pemoline
Ritalin LA®
Strattera®

Requires Prior Authorization

Adderall®*
Cylert®*
Desoxyn®*
Dexedrine®*
Dexedrine Spansules®*
Methamphetamine HCl
Provigil®
Ritalin®*
Ritalin SR®*

**SEDATIVE HYPNOTIC NON-
BARBITURATES**

Estazolam
Flurazepam
Restoril® 7.5 mg (until generic
available)
Temazepam
Triazolam

Requires Prior Authorization

Ambien®
Dalmane®*
Doral®
Halcion®*
Lunesta®
ProSom®*
Restoril®*
Somnote®
Sonata®

DIABETES

**ORAL HYPOGLYCEMICS –
ALPHAGLUCOSIDASE INH.**

Glyset®
Precose®

**ORAL HYPOGLYCEMICS –
BIGUANIDES**

Metformin/ Metformin ER

Requires Prior Authorization

Glucophage®*
Glucophage XR®*
Fortamet®
Riomet®

**ORAL HYPOGLYCEMICS –
BIGUANIDE COMBINATIONS**

Avandamet® (When returned to market)
Glyburide–Metformin HCl
Metaglip®
Glucovance®*

**ORAL HYPOGLYCEMICS –
MEGLITINIDES**

Starlix®

Requires Prior Authorization

Prandin®

**ORAL HYPOGLYCEMICS – 2ND
GENERATION SULFONYLUREAS**

Glipizide/ Glipizide ER
Glyburide
Glyburide Micronized



* Indicates a generic is available
without prior authorization

Effective July 1, 2005

First Health Clinical Call Center
1-800-932-6648
Fax 1-800-932-6651

Bolded Drugs do not require prior authorization, except where special conditions are noted.

Requires Prior Authorization

Amaryl®
Diabeta®*
Glucotrol®* (Tablet, XL)
Glynase®*
Micronase®*

ORAL HYPOGLYCEMICS –

Thiazolidinediones

Actos®
Avandia®

GASTROINTESTINAL

HISTAMINE-2 RECEPTOR

ANTAGONISTS (H-2RA)

Ranitidine

Requires Prior Authorization

Axid®
Cimetidine
Famotidine
Nizatadine
Pepcid® (Tablet, Suspension, Solutab)
Tagamet®
Zantac®* (Tablet, Effervescent)
Zantac® Syrup (No PA req. For under age 12)

PROTON PUMP INHIBITORS

Prilosec® OTC
Protonix®

Requires Prior Authorization

Aciphex®
Nexium®
Omeprazole (No PA req. for under age 12)
Prevacid Caps® (No PA req. for under age 12)
Prevacid SoluTab®
Prevacid Susp® (No PA req. for under age 12)
Prilosec®

MISCELLANEOUS

OSTEOPOROSIS AGENTS –
BISPHOSPHONATES

Actonel®
Fosamax®
Fosamax Solution®
Fosamax® plus D

Requires Prior Authorization

Boniva®

SEROTONIN RECEPTOR

AGONISTS (Triptans)

Imitrex® (kit, nasal, tablets, vial)
Maxalt®
Maxalt-MLT®

Requires Prior Authorization

Amerge®
Axert®
Frova®
Relpax®
Zomig® (Tablet, ZMT, spray)

GLAUCOMA – ALPHA-2

ADRENERGICS

Alphagan P®
Brimonidine Tartrate
Lopidine®

Requires Prior Authorization

Alphagan®*

GLAUCOMA – BETA-
BLOCKERS

Betaxolol HCl
Betimol®
Betoptic S®
Carteolol HCl
Levobunolol HCl
Metipranolol
Timolol Maleate

Requires Prior Authorization

Betagan®*
Istalol®
Ocupress®*
Optipranolol®
Timoptic®*
Timoptic XE®*

GLAUCOMA – CARBONIC
ANHYDRASE INHIBITORS

Azopt®
Cosopt®
Trusopt®

GLAUCOMA –
PROSTAGLANDIN

ANALOGS

Lumigan®
Travatan®
Xalatan®

Requires Prior Authorization

Rescula®

Phone Numbers for DMAS

PDL Program

**First Health Clinical Call Center
PA Requests**

Fax: 1-800-932-6651
Tel: 1-800-932-6648

Note: Fax requests are responded to
within 24 hours. For urgent requests,
please telephone.

Note: Not all medications listed are
covered by all DMAS programs. Check
individual program coverage.

For program drug
coverage information, go to
<http://www.dmas.virginia.gov/>
or <https://virginia.fhsc.com/>

VIRGINIA MEDICAID REQUEST FOR DRUG PRIOR AUTHORIZATION



COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

Requests for prior authorization (PA) must include patient name, Medicaid ID#, and drug name. Appropriate clinical information to support the request on the basis of medical necessity must be submitted. **SUBMISSION OF DOCUMENTATION DOES NOT GUARANTEE COVERAGE BY THE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES AND FINAL COVERAGE DECISIONS MAY BE AFFECTED BY SPECIFIC MEDICAID LIMITATIONS.**
THIS FORM SHOULD NOT BE USED FOR PA REQUESTS FOR WEIGHT LOSS DRUGS

The completed form may be **FAXED TO 800-932-6651**. Requests may be phoned to 800-932-6648.

Requests may be mailed to: First Health Services Corporation / 4300 Cox Road / Glen Allen, VA 23060 / ATTN: MAP

PATIENT INFORMATION

Patient's Name:

Patient's Diagnosis:

Patient's Medicaid ID#: (12 digits)

Patient's Date of Birth:

DRUG INFORMATION

Drug Name, Dosage Form, & Strength:

Quantity Per Day:

Has patient had previous pharmaceutical therapy for the above diagnosis? ☐ Yes ☐ No

Does the patient reside in a Long Term Care Facility? ☐ Yes ☐ No

List pharmaceutical agents attempted and outcome:

1.

2.

3.

Medical Necessity: Provide clinical evidence that the preferred agent(s) will not provide adequate benefit:

PHYSICIAN INFORMATION

Physician's Name (Print):

Today's Date:

Physician's Signature:

Authorization Begin Date:

Physician's DEA#:

Phone #: ()

Physician's Medicaid Provider ID#:

Fax #: ()

**PLEASE INCLUDE ALL REQUESTED INFORMATION.
INCOMPLETE FORMS WILL DELAY THE PRIOR AUTHORIZATION PROCESS.**

FAX TO 800-932-6651

PRIOR AUTHORIZATION CRITERIA ARE SUBJECT TO CHANGE AND THUS DRUG COVERAGE.

PDL and Weight Loss PA forms are available at
<http://www.dmas.virginia.gov/pharm-home.htm> or <http://virginia.fhsc.com>.